

FILED FEB 16 1949

# THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. 5654

33

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3046		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> b. CITY OR TOWN <u>Maryville</u> c. LENGTH OF STAY (in this place) <u>2 months</u> d. FULL NAME OF (if not in hospital or institution, give street address or location) <u>ARMSTRONG Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u> c. CITY OR TOWN <u>Hopkins</u> d. STREET ADDRESS (If rural, give location) <u></u>			
3. NAME OF DECEASED (Type or Print) <u>Samuel</u> a. (First) b. (Middle) <u>Wade</u> c. (Last) <u>Schoonover</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>3</u> (Year) <u>1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov. 17 - 1881</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR: Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers Mutual</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. ( )</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Schoonover</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hampton</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>496-05-7318</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edith Donathue</u> ADDRESS <u>Maryville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis 18 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nat</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/1/48</u> to <u>2/3/49</u> , that I last saw the deceased alive on <u>1/31/49</u> , and that death occurred at <u>12:45 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Holt (M.D.)</u>		23b. ADDRESS <u>Hopkins</u>		23c. DATE SIGNED <u>2/5/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 5 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shearer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Braddyville, Page Co. Ia.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u>		ADDRESS <u>Hopkins, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

*myself*

Student Embalmer No. ....

Signed

*Stanley Swanson*

Licensed Embalmer No. *2963*

P. O. Address *Hopkins, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.